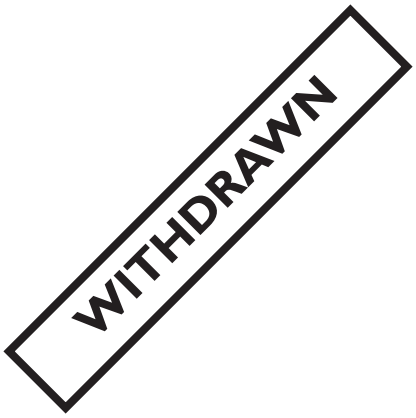
dominance in ± 97% of cases for the three studied annual risks of CHD (0.6%, 1.0% and 1.5%) except for Italy, where dominance in ≥95% was seen at annual risks of 1% and 1.5%. **CONCLUSIONS:** Administering low-dose Aspirin to patients with an annual risk of CHD of ≥1% is significantly cost-saving from the health care payer's perspective in all countries analysed. Savings start after one year of treatment.

PCV34



PCV35

HOSPITALIZATIONS FOR CARDIOVASCULAR EVENTS: FRENCH DRG ANALYSIS

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OBJECTIVES: This French DRG analysis aimed to obtain estimations of numbers and prices/costs of private and public hospitalizations in 2002 for following cardiovascular events: coronarography, coronary angioplasty, aorto-coronary bypass, myocardial infarction, cerebrovascular accident, transient ischemic attack, stable and unstable angina, heart failure. **METHODS:** Anonymized databases were used: private and public PMSI 2002 databases of BAQIMEHP ("Bureau Assurance Qualité de l'Information Médico-Economique de l'Hospitalisation Privée": Quality Assurance Committee of Health Economic Information of Private Hospitalization) and ENC 2004 ("Etude Nationale des Coûts": National Study of Costs) database of public sector. The PMSI ("Programme de Médicalisation des Systèmes d'Information") is the French equivalent of DRG system. The GHM ("Groupes Homogènes de Malades": Homogeneous Groups of Patients) corresponding to cardiovascular events were determined from classifying medical procedure (CdAM: "Classification Des Actes Médicaux") and/or from main diagnosis (ICD 10: International Classification of Diseases). The numbers of hospitalizations were then determined. The most representative GHM were selected, and associated prices/costs have been weighted by suitable numbers of hospitalizations in order to obtain an average price/cost of hospitalization. **RESULTS:** Average prices (private sector) and costs (public sector) have been estimated respectively in private and public sector at €1815 and €1315 for a coronarography, €2704 and €2971 for a coronary angioplasty (€5750 and €5178 with stenting), €14,905 and €13,119 for an aorto-coronary bypass, €4271 and €4216 for a myocardial infarction (including procedures), €2967 and €3483 for a cerebrovascular accident, €1799 et €2570 for a transient ischemic attack, €1589 and €2350 for stable and unstable angina, €2433 et €3658 for a heart failure. **CONCLUSION:** It is difficult to isolate specific hospital prices/costs of cardiovascular events. Nevertheless those approximations seem to be the only way to assess these prices/costs, which in addition are likely to be used in pharmacoeconomic models.

PCV36

USE OF ABCIXIMAB IN PATIENTS UNDERGOING PERCUTANEOUS CORONARY INTERVENTION (PCI) IN FRANCE

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OBJECTIVES: To evaluate differences between public and private hospitals in abciximab prescriptions for patients undergoing PCI with coronary artery disease (CAD) in France. **METHODS:** Data were collected from the 2002 "PMSI" database (DRG for every patient admitted). To evaluate the total number of PCI performed for CAD in private and public hospitals, we selected the following DRGs (myocardial infarction, coronary endoprothesis, and cardiac catheterization) and crossed them with the following acts performed during PCI (transluminal angioplasty, stent implantation, atherectomy). We computed the numbers of abciximab prescriptions from the French sales 2002 in each private and public hospitals. **RESULTS:** In 2002, 96,247 PCI were performed in patients hospitalized for CAD (52,046 in private setting, 44,201 in public setting). Abciximab was administered for 7719 and 2327 PCI procedures in public and private hospitals, respectively. Abciximab was used for only 18% of PCI in public hospitals and 4.5% in private ones, although, abciximab is the only drug indicated for prevention of cardiac ischemic complications in patients undergoing PCI and recognized by French authorities as correlated to a "major improvement" for these patients. **CONCLUSION:** The important difference in 2002 between public and private sectors can be mostly explained by different funding systems: global budget for public hospitals, fee for services, payment per day and low daily fixed fare for drugs in private hospitals. In France, a new DRG system of funding, close to the one for profit hospitals was implemented in public institutions in 2004. Before that, the results show a clear difference in the recourse to abciximab between public and private sectors for the same DRGs due to the difference in financing. If nothing happens, it can be foreseen that the results observed for profit hospitals will be the rule for public hospitals and patients undergoing PCI could no more benefit from abciximab.